

7
TAUNTON RURAL DISTRICT

Annual Report

OF THE

Medical Officer of Health

AND

Senior Public Health
Inspector

FOR THE YEAR 1968

H. G. Mounter & Co., Ltd.,
Printers,
52 East Street, Taunton.



TAUNTON RURAL DISTRICT

Annual Report

OF THE

Medical Officer of Health

AND

Senior Public Health
Inspector

FOR THE YEAR 1968

TAUNTON RURAL DISTRICT

PUBLIC HEALTH STAFF, 1968

Medical Officer of Health :

HUGH MORRISON, M.B., Ch.B., D.P.H.

Senior Public Health Inspector :

W. PLIMMER, M.A.P.H.I.

Deputy Senior Public Health Inspector :

E. G. PAYNE, M.A.P.H.I.

Additional Public Health Inspector :

B. S. YULE, M.A.P.H.I., F.R.S.H.

Clerk to the Council :

R. G. WORNELL. Mary Street House, Taunton.

Telephone: Taunton 7275/6

To :

THE CHAIRMAN AND MEMBERS OF THE
TAUNTON RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1968. The report contains the usual information on the health and sanitary circumstances of the district. This has again been divided into two sections, the first referring to the province of the Medical Officer of Health, and the second contributed by the Senior Public Health Inspector. The report, in the main, follows the same lines as those of the previous year, but certain fresh facts have been incorporated in the various sections.

Some points of interest to which attention may be drawn are as follows :—

Vital statistics of the year show that there has been an increase of 470 in the population of the district. The birth and death rates were marginally lower than those of the country as a whole. The percentage of illegitimate births at 8.4 was high, and this is in accordance with national experience. There was a low infant mortality rate of 10 per 1,000 live births as compared with the figure of 18 for England and Wales as a whole.

The table showing causes of death of inhabitants of the district during the year, as supplied by the Registrar General, has been altered in certain ways, and a short account of some of the changes has been inserted.

The section on hospital provision for the area has also been amended to bring it up to date.

It is now about two years since the individual attachment of health visitors and district nurses to the various medical practices in the Borough of Taunton was arranged, and the scheme should be fully operative in the Rural District also within a very short time. It is of great advantage that local authority nurses should work in close liaison with the doctors, and this scheme is one of the important steps which are being taken towards a better integration of local authority and general medical services.

There was a low prevalence of infectious diseases during the year apart from a fairly widespread epidemic of measles. The only other conditions running into double figures were dysentery, which was of the Sonne type, and infective jaundice. The latter is a virus infection and has only recently been added to the list of officially notifiable diseases. The actual prevalence of this disease has not increased over the past years but the more precise knowledge of cases to be expected from notification will be useful because there are measures which can be taken in certain circumstances to control the spread of the disease in the community.

There was severe flooding in parts of the district during July 1968, following a phenomenally heavy rainstorm. Many houses were partially inundated and great inconvenience was caused to many of the people affected; but no serious effects on the public health in general were experienced.

Once again I wish to thank the Members of the Council, the Clerk and Officials of the other Departments, and the Staff of the Public Health Department for their willing assistance and co-operation.

I am,

Your obedient Servant,

HUGH MORRISON.

TAUNTON RURAL DISTRICT

Statistics of the Area for the Year 1968

Area (in acres)	70,448
Estimate of resident population, mid-year 1968 ...	25,480
No. of inhabited houses according to the Rate Book on 1st April, 1968	8,167
Rateable Value 1st April, 1968	£712,962
Sum represented by a 1d. Rate, year 1968-69 ...	£3,000

Physical Features and Social Conditions

Taunton Rural District lies in the south-western region of Somerset, surrounding Taunton Borough, the County Town. It is roughly triangular in shape, with Taunton Borough situated near the middle of the triangle. The boundary of the district is formed on the north by the Rural Districts of Williton and Bridgwater; on the east and south-east by the Rural Districts of Langport and Chard; on the south by the County of Devon; on the south-west and west by the Rural District of Wellington.

There is considerable variation in the type of country found in different parts of the district: in the north and north-west there is high ground forming portions of the Quantock and Brendon Hills; in the south the land rises to the hill parish of Churchstanton lying in the Blackdowns; between these regions lies the fertile valley of Taunton Deane, with the ground falling towards the east to the flat moors and marshy ground surrounding the lower reaches of Tone and Parret. Geologically also, the formations vary. In the north are found chiefly old and new red sandstone; in the south, lower lias and upper greensand; the valley regions have new red marl, new red sandstone and alluvium.

The climate is equable, with an average annual rainfall of 36.6 ins., and an average mean daily temperature of about 41° F. in January and 62° F. in July.

Rich arable and pasture land covers most of the district, but some of the hill regions are in the rough uncultivated state, and the soil on the Blackdown Hills tends to be poor in quality. In the eastern parishes the land is subject to seasonal flooding. Communications are good, and almost all parts of the district are easily accessible by road. Following the Tone valley through the middle of the district runs one of the main lines of the Western Region of British Railways and a branch line leaves it near Taunton to run to Minehead.

There are thirty-two parishes with estimated populations varying from 72 to 3,099.

Most of the inhabitants are engaged in some form of agriculture, dairy farming being particularly important. General farming is also largely practised, and allied activities are withy growing and basket-making, fruit farming and cider-making. There is a paper mill in the district which employs a fair number of people, and another source of employment for men is stone-quarrying which is carried out on a considerable scale. A factory producing meat products and a branch factory run by Taunton Shirt Manufacturers, are additional centres of employment in the district. Many of the residents in the rural district travel daily to Taunton to work in factories and other establishments.

There are two large hospitals in the district, namely Tone Vale Hospital in the parish of Bishops Lydeard, which, with its patients and resident staff, accounts for a population of about 1,000, and Sandhill Park Hospital which is situated in the same parish.

VITAL STATISTICS OF THE YEAR

With reference to the figures which follow, it should be pointed out that the standardisation of the rate for births and deaths allows for the differing age and sex distribution of the populations in different areas, and is obtained by multiplying the crude rate by a comparability factor for the district furnished by the Registrar General. This enables comparison to be made with the figures for the country as a whole, or with those for other districts.

1. Births.

(a) Live Births.

	M.	F.	Total	Crude birth rate per 1,000 of the estimated resi- dent population 15.3
Legitimate	186	172	358	
Illegitimate	12	21	33	
Totals	198	193	391	

{ Standardised Birth Rate, Taunton R.D.	...	16.7
{ Birth Rate, England and Wales	...	16.9
{ Percentage Illegitimate of total live births	...	8.4

(b) Still Births.

Total ...	...	...	...	5
{ Rate per 1,000 (live and still) births—				
{ Taunton R.D.	...	...	...	13.0
{ England and Wales	...	...	...	14.0
{ Rate per 1,000 estimated resident population—				
{ Taunton R.D.	...	...	...	.19

2. Deaths.

(a) Total Deaths	...	...	...	...	...	371
Crude Rate per 1,000 estimated resident population						14.6
{ Standardised Death Rate, Taunton R.D.				...		11.09
{ Death Rate for England and Wales				...		11.9

(b) Maternal Mortality.

Total maternal deaths from all causes	0
---------------------------------------	-----	-----	---

(c) Infant Mortality.

Deaths of infants under 1 year of age—

Total	...	...	...	...	4
Deaths among legitimate infants	...	...	...	...	4
,, illegitimate ,,	...	...	...	...	0
{ Death Rate per 1,000 total (live and still) births—					
Taunton R.D.	...	...	...	...	10.0
England and Wales	...	...	...	...	18.0

(d) Deaths from Cancer (all ages)—

Total	64
-------	-----	-----	-----	-----	----

Infant Mortality during 1968

Cause of Death				Under 1 week	1 to 4 weeks	1 to 6 months	6 to 12 months	Total under 1 year
Hydrocephalus	...	...	...	—	—	1	—	1
Prematurity	...	...	...	1	—	—	—	1
Broncho pneumonia	...	...	...	1	1	—	—	2

Causes of death during 1968

				M.	F.	Total.
Tuberculosis, respiratory	...	...	...	1	—	1
Tuberculosis, other	...	...	...	—	—	—
Syphilitic disease	...	...	...	—	—	—
Diphtheria	...	...	...	—	—	—
Whooping Cough	...	...	...	—	—	—
Meningococcal Infections	...	...	...	—	—	—
Acute Poliomyelitis	...	...	...	—	—	—
Measles	...	...	...	—	1	1

	M.	F.	Total.
Other infective and parasitic diseases ...	1	—	1
Malignant neoplasm, stomach ...	5	6	11
Malignant neoplasm, lung, bronchus ...	11	3	14
Malignant neoplasm, breast ...	—	5	5
Malignant neoplasm, uterus ...	—	1	1
Leukaemia ...	1	—	1
Other malignant neoplasms, etc. ...	18	14	32
Benign and unspecified neoplasms ...	—	1	1
Diabetes mellitus ...	—	2	2
Other endocrine etc. diseases ...	2	—	2
Mental disorders ...	—	2	2
Meningitis ...	1	—	1
Other diseases of nervous system, etc. ...	2	1	3
Chronic rheumatic heart disease ...	—	2	2
Hypertensive disease ...	3	5	8
Ischaemic heart disease ...	46	33	79
Other forms of heart disease ...	5	13	18
Cerebrovascular disease ...	14	44	58
Other diseases of circulatory system ...	11	15	26
Influenza ...	1	1	2
Pneumonia ...	22	20	42
Bronchitis and Emphysema ...	9	6	15
Asthma ...	—	1	1
Other diseases of respiratory system ...	1	1	2
Peptic ulcer ...	—	1	1
Intestinal obstruction and hernia ...	2	1	3
Other diseases of digestive system ...	—	1	1
Nephritis and Nephrosis ...	1	—	1
Hyperplasia of prostate ...	2	—	2
Other diseases, genito-urinary system ...	1	—	1
Diseases of skin, subcutaneous tissue ...	—	1	1
Diseases of musculo-skeletal system ...	1	—	1
Congenital anomalies ...	1	1	2
Other causes of perinatal mortality ...	—	1	1
Symptoms and ill-defined conditions ...	3	5	8
Motor vehicle accidents ...	7	3	10
All other accidents ...	1	1	2
Suicide and self-inflicted injuries ...	1	2	3
All other external causes ...	1	2	3
All Causes — Total ...	175	196	371

There have been some changes in the form of the Table of Causes of Death as set out by the Registrar General. Some new causes have been inserted such as asthma and cirrhosis of the liver, but the changes mainly affect the section covering various diseases affecting the heart and blood vessels. These always account for a large number of deaths in any community and the figures for Taunton are no exception. Since the terms used are technical and perhaps not always easily understood by the lay person it may be useful to provide some explanations, though it should be understood that this is very much a simplification of a very complicated subject.

Chronic Rheumatic Heart Disease: this is damage inflicted on the heart by one or more attacks of acute rheumatism, usually occurring in childhood or early adult life. The structures often affected are the heart valves which may be deformed and rendered incapable of carrying out their function. This throws a constant strain on the heart in the effort demanded from it to compensate for the valve deficiency. Ultimately the heart is liable to become enlarged and to fail.

Hypertensive Disease: is the condition associated with high blood pressure. Again a long-standing strain is put upon the heart in overcoming increased resistance to its action.

Ischaemic Heart Disease: nearly always means coronary thrombosis in which one of the arteries supplying the heart muscle becomes blocked by a clot of blood, and as a result the portion of the heart depending on the affected artery is deprived of its blood supply. There are various degrees of severity with this condition and many cases make a good recovery, but when a massive blockage takes place the heart becomes incapable of performing its function and death ensues.

Other Forms of Heart Disease: a number of widely varying conditions come under this heading, such as inflammation of the membranes within or around the heart, disorders of heart rhythm and so on.

Cerebrovascular Disease: usually means the condition referred to in common terms as a Stroke.

Other Diseases of the Circulatory System includes such things as arteriosclerosis, commonly called hardening of the arteries, aneurysm or dilatation of an artery, and embolism or blockage of an artery, usually by a clot of blood.

GENERAL PROVISION of HEALTH SERVICES FOR THE AREA

Domiciliary Services

(1) Medical and Nursing

There are nine general medical practitioners living and carrying on the main part of their practice in different areas of the district. In addition to this, most of the Taunton Borough practitioners have some rural district residents on their lists, and there is also, as would be expected, some overlap from the surrounding rural districts in the provision of medical attention. There are adequate arrangements for domiciliary consultation, when required, with consultants serving the Taunton area, and speaking generally, the practice of medicine in the district is of a high standard. The provisions for domiciliary nursing are also satisfactory.

(2) Home Help Service

This service, administered by the Somerset County Council, is now well established in the district, and invaluable assistance is given in many cases of illness and the domestic difficulties arising therefrom. There is no doubt that this is one of the most useful of all public services. I am indebted to the County Organiser for the following analysis of cases where help was arranged in Taunton Rural District during 1968.

Maternity	...	...	...	...	...	12
Old age	...	...	...	...	...	108
Chronic sick	...	...	...	...	...	13
Post Operation	...	...	...	...	...	5
Post and Pre-Natal	...	...	...	...	...	1
Care of children	...	...	...	...	...	2
General illness	...	...	...	...	...	3
Total						144

(3) Meals on Wheels

The Womens Royal Voluntary Service operates a scheme for supplying meals to old people in the Rural District. The usual thing is to provide a hot meal at mid-day on two days of each week to individual old people. During 1968 an average of 130 meals per week were provided to old people in the parishes of Bishops

Lydeard, Ash Priors, Halse, Cheddon Fitzpaine, Bishops Hull, Norton Fitzwarren, Kingston St. Mary, West Monkton, Creech St. Michael and Ruishton. The service was extended during the year to include the North Curry, Stoke St. Gregory and Hatch Beauchamp, Curland, West Hatch areas. The present arrangements involve six separate rounds on two days of the week. Most of the meals are very efficiently prepared at the kitchen of Musgrove Park Hospital but it would not be possible to operate a service of this extent were it not for the fact that two ladies prepare meals in their own private kitchens. It is found that eight or nine cases are required in any particular district to make one of these rounds a practical proposition. The names of those requiring the service are provided by doctors, district nurses and home helps, and those patients requiring special diets as in diabetes can be catered for. It is hoped to extend this service progressively in the rural district provided that sufficient helpers are available. The work of distributing these meals is done by members of the W.R.V.S. and one would wish to express gratitude for this service which provides an outstanding social benefit to the community.

Hospital Services

The Hospital Services of the district are administered by the West Somerset Hospital Management Committee, under the general direction of the S.W. Regional Hospital Board. A detailed re-appraisal of these services is going on at the present time following on the production by the government of a comprehensive Hospital Plan for the nation. Some of the provisions for the needs of various types of patient are detailed below :—

(1) General Medical and Surgical

The main provision for hospital services for the area is made by the large general hospital at Musgrove Park in Taunton, which has a branch housing certain departments at East Reach. All medical conditions, apart from certain cases requiring treatment at specialised regional centres, are dealt with at this hospital.

A new Accident Centre was opened during 1968 in association with the East Reach Branch Hospital already mentioned.

The ultimate plan for hospital services in the area is that a large new District Hospital should be erected on the outskirts of Taunton. Planning of this project is well advanced, but commencement of the work has been delayed because of the national economic situation.

(2) Infectious Diseases

Cases of infectious diseases from Taunton Rural District are sent to the Taunton Isolation Hospital situated in the Borough of Taunton. The pattern of infectious disease requiring admission to hospital is changing. Many of the patients admitted suffer from vague pyrexial illnesses in which the diagnosis is in doubt. Scarlet Fever which used to provide a large proportion of the admissions is, at the present time, a relatively mild disease and most of the cases are nursed at home. Measles and Whooping Cough still demand hospital treatment in the occasional case where there are severe complications or where home nursing is impracticable. Diphtheria has not been seen in the district for many years. Poliomyelitis is being brought under control by inoculation. The extensive use of antibiotics has resulted in the appearance of severe infections due to certain bacteria which were formerly regarded as fairly harmless, and this leads to the admission of cases of this kind to the Isolation Hospital.

(3) Tuberculosis

Cases of pulmonary and non-pulmonary Tuberculosis come under the Regional Hospital Board for treatment, which is supervised by the Chest Physicians for the area. The Sanatoria are at Wincanton and Taunton for pulmonary cases. Cases requiring orthopaedic treatment are becoming very uncommon, but when they do occur, arrangements for treatment are made according to the individual need.

(4) Chronic Sick

Since the appointment of a Geriatrician to the West Somerset Clinical Area, arrangements for hospital treatment of the chronic sick have been put on a more satisfactory basis. Most of the cases are admitted to Trinity Hospital in Taunton which is having many internal improvements carried out in order to raise it to the highest modern standards. There continues to be a very great pressure on accommodation of this type, and this is a branch of medical care which will undoubtedly make increasing demands on medical and ancillary services as the years go on. There is also severe pressure on Part III accommodation for elderly people not requiring actual nursing, especially on the female side.

It was not found necessary during the year to invoke powers under the National Assistance Act, 1948, Sec. 47, for the compulsory removal to an Institution of persons in need of proper care and attention.

(5) Mentally Sick

The modern trend is to treat cases of mental illness whenever possible in their own homes so that they may remain as members of the general community.

A Day Mental Hospital in Taunton performs a very useful function in this connection in enabling many patients to carry on at home who would otherwise require to have residential hospital care. When this type of care does prove necessary cases are admitted to Tone Vale Mental Hospital. The psychiatric specialists conduct out-patient clinics for the area, and it is felt that now, more than ever before, mental patients have a better outlook and are reaping the benefit of more successful methods of treatment at an earlier and more hopeful stage of their disease.

(6) Mass Radiography

Regular sessions are held by the Regional Hospital Board Unit on one afternoon of each fortnight at the old Gas Works site in the Borough of Taunton. Residents in the Rural District who wish to have a chest X-ray are welcomed at any of these sessions and it is strongly urged that this facility should be freely used, especially by those over the age of 40 who would do well to have an annual chest X-ray.

As an example of the type of work done in a unit of this sort the following table shows the findings obtained from routine examinations at the Taunton centre during 1968.

					Male	Female	Total
Number examined	...	...	...	...	618	771	1,389
Abnormalities detected		...	...	...	25	9	34

Details of abnormalities detected—

Pulmonary Tuberculosis, healed ...	...	4	2	6
Sarcoidosis ...	...	2	—	2
Inflammatory ...	...	1	2	3
Influenza and Pneumonitis ...	...	1	1	2
Prominent Broncho Vascular Marking ...	...	1	—	1
Enlarged Heart ...	...	1	—	1
Bronchitis ...	...	3	1	4
Atelectasis ...	...	1	—	1
Hypertensive Heart ...	...	1	2	3
Pneumoconiosis ...	...	2	—	2
Pulmonary Fibrosis ...	...	1	—	1
Pleural Thickening ...	...	2	—	2
Pneumonic Consolidation ...	...	1	—	1
Loeffler's Syndrome ...	...	—	1	1
Abnormality of the Diaphragm ...	...	1	—	1
Goitre ...	...	1	—	1
Cardiac Lesion Acquired ...	...	2	—	2

Clinics and Treatment Centres**(1) Tuberculosis**

Clinics for patients suffering from this disease, and for the supervision of suspects and contacts, are held by the Chest Physicians at Musgrove Park Hospital. There is an After-Care Committee working in co-operation with these clinics. Mass radiography has been carried out from time to time on various groups of the County population, by a team working from a centre in Bristol.

(2) Venereal Disease

A combined Clinic and Treatment Centre is carried on at the Taunton and Somerset Hospital which caters for male and female patients of this and surrounding districts. Early cases of syphilis are usually sent to Frenchay Hospital, Bristol, for a fortnight's intensive penicillin treatment as in-patients. Afterwards they continue to have observation and treatment at the Taunton Clinic. These conditions which had, for some years, become rather uncommon in the district have been latterly showing a marked increase in prevalence; and this is in accordance with experience over the country as a whole.

(3) Maternity and Child Welfare

The Maternity and Child Welfare Acts are administered by the County Council, under whose supervision are also the Health Visitors and Midwives practising within the area. There is an excellent Maternity Home in the Urban District of Wellington at which some of the mothers from Taunton Rural District are confined. Obstetric Consultants in Taunton are available for consultation with Medical Practitioners in the District. Abnormal and complicated cases can be admitted for hospital treatment when necessary. Every case of Puerperal Pyrexia and Maternal Mortality is investigated by the Medical Staff of the County Council. A valuable service is now provided for premature infants. Small or premature babies unsuitable for nursing at home are admitted to a Special Care Unit at Musgrove Park Hospital, an ambulance equipped with an Oxygenaire incubator being sent to collect them from their homes. If the baby is deemed fit to be nursed at home, the district midwife can obtain advice and special equipment to help her with the management of the case.

Laboratory Facilities

The Public Health Laboratory Service has a Laboratory in Taunton which undertakes the bacteriological examination of swabs, blood, fæces and sputum, etc. This service is available also to the Doctors practising in the District. Bacteriological and chemical analyses are also undertaken for the examination of milk, foods, water supplies and sewage effluents, etc. The co-operation and assistance of the Public Health Laboratory Staff in investigating all types of bacteriological and epidemiological problems is of the greatest value.

Ambulance Facilities

Ambulance transport for all cases is the responsibility of the Somerset County Council. The main Ambulance Station and Control for the south-west of the County is situated at the entrance to Musgrove Park Hospital. The Ambulance Station serves a very wide area and at 31st December the establishment of vehicles and staff was as follows—

Vehicles	...	8 Ambulances
		6 Sitting-case Ambulances
		1 Car
Staff	...	5 Sub-officers
		25 Driver-attendants

All vehicles at this Station are fitted with two-way radio.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Acute Infectious Diseases

The following table gives the number of notifications received for various notifiable diseases.

INFECTIOUS DISEASES, 1968

Disease	Number of cases notified
Measles	231
Scarlet Fever	5
Dysentery	23
Whooping Cough	9
Acute Primary Pneumonia	2
Lobar Pneumonia	2
Infective Jaundice	22
Puerperal Pyrexia	1
Food Poisoning	3

Tuberculosis

	Pulmonary	Non-pulmonary
Cases on the Register at 31.12.68	39	11
New cases during 1968	—	1
Transfers from other districts	—	—
Deaths	1	—

Immunisation

Immunisation has been of striking benefit in lowering the incidence of various infectious diseases and in preventing deaths from these conditions. The work is going on steadily in Taunton Rural District as in other areas of the County, but at present the mechanics of recording each child's immunisation and of preparing notices for parents as each procedure falls due for the individual child is being transferred to the County Council Computer.

Children are grouped according to the particular medical practitioner on whose list they are, and the various medical practices are being brought into the scheme over a period of time. During the transition, figures are no longer available for estimating the

percentage of children at various ages who have been immunised against the different diseases in individual districts of the County, which is information that it is valuable to have; but when the reorganisation has been completed it will again become possible to estimate the proportion of children immunised, and this should show an increase.

The following table sets out the schedule of immunisation considered desirable for children at the present time, and is followed by some brief notes referring to each of the diseases concerned:—

Age	Immunisation Procedure
1—6 months	1. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth) 4—6 weeks interval 2. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth) 4—6 weeks interval 3. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth)
During 2nd year of life	4. Smallpox Vaccination
18—21 months	5. Diphtheria, Whooping Cough, Tetanus (combined injection), Poliomyelitis vaccine (by mouth)
At school entry	6. Diphtheria, Tetanus (combined injection) Poliomyelitis vaccine (by mouth)
8—12 years	7. Diphtheria and Tetanus (re-inforcing combined injection)
12 years	8. B.C.G. Vaccination against T.B.

Diphtheria.

Immunisation against diphtheria was the first mass campaign of protection against an infectious disease carried out in this country, apart from vaccination against smallpox which has never been applied to such a wide extent. The result is that, whereas there used to be thousands of deaths from diphtheria each year in England and Wales, the mortality is now almost down to vanishing point. It is necessary for the percentage of protected children in the community to be kept high in order to avoid the recurrence of outbreaks.

Whooping Cough.

This is now probably the most generally disabling of the common infectious diseases affecting young children. There are risks to life, especially in infants, and lung complications can be severe and prolonged. Immunisation is preventive in a good proportion of cases and in the remainder modifies the disease to produce a mild attack.

Tetanus.

This is an uncommon infection in this country but important because of its very severe character and the high rate of mortality in those affected. It is much commoner in some of the less developed parts of the world, and even in Europe at least 26,000 have died from this cause in the past ten years. Immunisation gives the practical certainty of complete protection.

Poliomyelitis.

It is hardly necessary to stress the misery which can result from this disease in view of the widespread epidemics which have occurred in this country within recent memory. Many of the sufferers die, and others are left with a lifetime of disablement. Immunisation is now simple with the use of vaccine given by mouth and has been largely responsible for the virtual elimination of poliomyelitis as a serious epidemic risk in this country at the present time. Here again it is essential that a high proportion of children continue to be immunised in order to avoid the danger of further outbreaks.

Smallpox.

Smallpox is one of the most deadly of all infectious diseases. Its incidence in this country has been confined in latter years to scattered outbreaks, but the dangers of large-scale epidemics are increasing owing to the ease and rapidity of air transport from countries where the disease is still endemic. Vaccination gives excellent protection, and is best done initially in the second year of life.

Tuberculosis.

One of the most dramatic improvements in the state of the national health has been the enormous fall over the period since the last war, in the prevalence of tuberculosis and in the number of deaths which it causes. There are many factors responsible for this gratifying development, and one of them undoubtedly is the beneficial effect of the widespread campaign of immunisation with B.C.G. which has been carried out. The required injection is given at about the age of twelve after preliminary skin testing to determine which children are susceptible to an attack of the disease.

Number of children tested	...	...	57
Number of children immunised	...	...	45

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The water supplies of the district are now under the control of the West Somerset Water Board, of whose area Taunton Rural District forms one portion.

The service provided by the Board is proving very satisfactory and it is the experience of the Public Health Department that any complaints which arise and any defects which come to light are given prompt attention, and matters are quickly set to rights.

Most of the water supplied to the district comes from Clatworthy reservoir in the Brendon Hills, but some is still drawn from sources on the Blackdowns and there are one or two hill springs used for small areas where the height above sea level makes it impracticable to provide water from the main supply. Most of the areas of the district where it is reasonable to expect a piped public supply have now had this facility provided. Minor works are carried out from time to time to serve outlying concentrations of dwellings.

The Water Board has furnished the following statistics of water testing carried out by them during 1968. Additional checks are made from time to time by this department.

Taunton R.D.C. Water Supply Area 1968

Supply	Chemical		Bacteriological				
	Total Samples	Unsatisfactory	Totals	Class 1	Class 2	Class 3	Class 4
Fulwood	24	10	36	36	—	—	—
Clatworthy	1	0	13	13	—	—	—
Other (Chlorinated)	24	12	25	21	—	1	3
Other Not (Chlorinated)	15	2	27	13	1	—	13

Sewerage and Sewage Disposal

A survey of drainage provisions in the various parishes of the district has been carried out by the Public Health Department, a preliminary report of this having been made to the Public Health Committee in 1962, and a final report at the beginning of 1965. From the facts disclosed by these reports and the discussions which took place on the subject, and taking into account more recent developments, the following summary of the position at the end of 1968 may be given :—

1. Eight parishes had satisfactory sewerage for their main concentrations of properties, with drainage either into small individual sewage works or into the Taunton Borough works at Ham, Creech St. Michael. These parishes were :—

Bishops Hull
Bishops Lydeard
Churchstanton
Creech St. Michael
Hatch Beauchamp
Norton Fitzwarren
Ruishton (including Henlade)
Trull

A substantial problem with this group concerns the works at Bishops Hull which are overloaded and badly sited in relation to adjacent inhabited properties. The Bishops Lydeard works are at full stretch, and flooding threatens to be a problem during heavy rain. The speed and extent of housing development at Creech and Ruishton may result in over-taxing of the present arrangements for these parishes as time goes on.

2. Two parishes had systems which were not really adequate for their purpose. These were :—

Combe Florey
Corfe

Combe Florey has a public sewer leading to a settlement tank and the works at Corfe are inadequate in size. Conditions in these parishes, however, had not been such as to require urgent attention to these matters, but the increased development in the Corfe area threatened the necessity of some action there.

3. Seven parishes had sewerage schemes in various stages of planning or construction. These were :—

Cheddon Fitzpaine
Kingston St. Mary
North Curry
Stoke St. Gregory
West Bagborough
West Monkton

The two largest projects in this group are the combined scheme for Cheddon Fitzpaine and West Monkton, and the combined scheme for North Curry and Stoke St. Gregory. Both are well advanced in the planning stage and should come into operation within a reasonable time. Provisions for the parishes of Kingston St. Mary and West Bagborough were in the early stages of planning.

4. Five parishes were considered to have sewerage problems of varying degrees of urgency, and it was decided to proceed with them in due course, but no firm plans had been put in hand at this stage because of the heavy drainage programme to which the Council were already committed. These were :—

Ash Priors
Halse
Pitminster
Staplegrove
Stoke St. Mary

Of this group, the parishes of Pitminster and Stoke St. Mary, because of their proximity to the Borough of Taunton and the resulting pressure of housing development, will probably require to be considered for sewerage at an early date. Staplegrove is a somewhat similar case, but here the need may be slightly less pressing. Ash Priors and Halse lie in the more rural portion of the district but each has troublesome drainage problems.

5. Ten parishes were considered not to require sewerage schemes in the meantime. These were :—

Bickenhall
Cothelstone
Curland
Durstun
Lydeard St. Lawrence
Orchard Portman
Staple Fitzpaine
Thornfalcon
Tolland
West Hatch

These parishes have scattered populations. They have no extensive concentrations of human habitations, with the exception perhaps of Lydeard St. Lawrence village and Bishopswood in the parish of Otterford, where small sewerage schemes might at some time be called for. Otherwise there has been no indication from these areas that drainage and sewage disposal is a serious problem. It is in these parishes, and in the more scattered portions of those previously listed, that a cesspool emptying service would be of especial benefit.

Housing

Provision of houses in the District by the Council has gone on steadily throughout the year, 45 were completed in 1968 and since the end of the war 964 have been built. In addition to this, about 1,836 houses have been built by private enterprise during the same period. This building activity has had some effect on the waiting list of families requiring accommodation, but continued efforts in this direction will be required for some time to come. There were about 359 applicants for Council houses on the waiting list at the end of 1968 made up as follows :—

164 urgent bona fide cases.
84 applications for old persons accommodation.
111 desiring accommodation for other reasons.

The housing needs of old people have been borne in mind, and at the end of 1968, 201 bungalows were owned by the Council, most of these being occupied by people in the older age-groups. Some flats had also been made available for the same purpose.

The Council's building programme was as follows :—

Parish	Number completed during 1968	Number under construction at 31st Dec., 1968
North Curry	7	—
Stoke St. Mary	7	—
Bishops Lydeard	31	55
	<u>45</u>	<u>55</u>

The following table shows the number of houses owned by the Council :—

	Parish	Number of houses
Bishops Hull	...	210
Bishops Lydeard	...	292
Cheddon Fitzpaine	...	24
Churchstanton	...	24
Combe Florey	...	4
Corfe	8
Creech St. Michael	...	62
Curland	4
Hatch Beauchamp	...	31
Kingston St. Mary	...	44
Lydeard St. Lawrence	...	34
North Curry	...	70
Norton Fitzwarren	...	167
Otterford	4
Pitminster	55
Ruishton	72
Staplegrove	...	6
Stoke St. Gregory	...	50
Stoke St. Mary	...	19
Thornfalcon	...	8
Trull	15
West Bagborough	...	34
West Hatch	...	4
West Monkton	...	127
	Total	<u>1,368</u>

The following table refers to properties dealt with under slum clearance procedure :

Action	Houses dealt with during 1968	Total number of houses dealt with since 1.1.55
1. Acquired by Council for demolition (site used for erecting new houses)	—	6
2. Demolition Order made ...	6	114
3. Undertaking given not to use for human habitation	1	124
4. Houses actually demolished ...	14	133
5. Clearance Area Procedure carried out	—	5 (in one terraced block)
6. Closing Order	1	25

The year showed very gratifying progress in the field of Improvement Grants. During the year, 14 Discretionary Grants and 18 Standard Grants were made, bringing the total of Improvement Grants for the District up to the end of 1968 to 656.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

During 1968, 21 site licences were issued in respect of individual caravans, and one for six caravans.

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

The following is a tabular summary of work carried out during the year 1968 :—

Number and nature of inspections :—

Dwelling houses (Inspections and revisits for all purposes)	...	...	...	...	...	728
Food Hygiene	...	...	...	...	...	257
Slaughterhouses	...	...	...	...	...	189
Factories and Workshops	...	...	...	...	...	124
Water Supplies	...	...	...	...	...	141
Drainage nuisances	...	...	...	...	...	259
Refuse collection and disposal	...	...	...	...	...	503
Clean Air Act, 1956	...	...	...	...	...	7
Caravan Sites and Control of Development Act	...	...	...	...	...	432
Offices, Shops and Railway Premises Act	...	...	...	...	...	71
Animal Boarding Establishments	...	...	...	...	...	14
Noise abatement	...	...	...	...	...	7
Miscellaneous nuisances and other visits	...	...	...	...	...	504
Civic Amenities Act, 1967	...	...	...	...	...	44

Food Hygiene (General) Regulations, 1960

Visits to food premises in the area have been continued during the year and some progress made in securing improvements.

Water Samples

34 samples of water have been submitted for bacteriological examination during the year. 26 samples have been taken from private supplies, and reported on as follows :—

Unsatisfactory	...	...	19
Satisfactory	...	...	7
			—
			26
			—

8 samples from various public supplies have been examined. 3 were classified as unsatisfactory.

6 public supplies were chemically examined during the year and gave satisfactory results.

All the above results have been sent to the persons involved, together with suitable advice.

Meat Inspection

The examination of meat in the area still presents very difficult problems and it is felt that the time is fast approaching when a new look should be taken into the future requirements of this service. At the present time the amount of meat to be examined in an area bears no relationship to the size of the district and this leads to untold difficulties of administration. To expect an authority (population approx. 25,000) to accept responsibility for examining the output of three factories, operating over a seven-day week and producing nearly a quarter of a million carcasses per annum, does not appear to provide the best solution to a problem of this magnitude.

Caravan Sites and Control of Development Act, 1960

The majority of the caravan sites licenced by the Council under the above Act are used for residential purposes only and the general standard throughout the area is good.

Offices, Shops and Railway Premises Act, 1963

Total number of registered premises at the end of the year 62.
Number of persons employed in registered premises 233.

Ice Cream

The number of retailers of this product in the area is 88. They sell pre-packed ice cream, which is stored in properly constructed refrigerators.

Meat Inspection

Carcases and Offal inspected and condemned in whole or in part

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Horses.
Number killed (if known)	3,954	1,255	7,616	137,915	83,353	0
Number inspected ...	3,954	1,255	7,616	137,915	83,353	0
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	2	22	40	487	232	0
Carcases of which some part or organ was con- demned	903	454	1	11,774	2,183	0
Percentage of the number inspected affected with disease other than tuberculosis and cysti- cerci	22.8	37.9	.53	8.89	2.89	0
Tuberculosis only						
Whole carcasses condemned	0	0	0	0	3	0
Carcases of which some part or organ was con- demned	0	0	0	0	571	0
Percentage of the number inspected affected with tuberculosis	0	0	0	0	.68	0
Cysticercosis						
Carcases of which some part or organ was con- demned	2	0	0	0	0	0
Carcases submitted to treatment by refrigera- tion	2	0	0	0	0	0
Generalised and totally condemned	0	0	0	0	0	0

Report on Rodent Control for 12 months ending 31st December, 1968

	Type of Property	
	Non-Agricultural	Agricultural
Number of properties in Local Authority's District	7,142	559
Total number of properties (including nearby premises) inspected following notification	361	53
Number of above properties infested by (i) Rats (ii) Mice	183 30	16 2
Total number of properties inspected for rats and/or mice for reasons other than notification	213	47
Number of above properties infested by (i) Rats (ii) Mice	47 1	15 1

Rodent Control

Work under this heading is carried out in conjunction with the daily supervision of refuse collection and disposal and appears to operate very well indeed.

Refuse Collection

A weekly system of refuse collection now operates throughout the area. Three vehicles are employed on collection duties as follows :—1 x 35 cu. yd. Pakamatic and 2 x 25 cu. yd. Fore and Aft Tippers fitted with compression plates—compression vehicles are essential in order to deal with the ever increasing volume of refuse. Awkward items of refuse, e.g. old cars, furniture, etc., which cannot be collected or accommodated on the refuse vehicles are dealt with by a tractor (power operated bucket) and trailer.

Refuse Disposal

Tips—Observations

Controlled tipping is not the answer to this problem as it can never be carried out in the text book manner for the following reasons :—

a. Sites for disposal are not picked because they are ideal for the work in hand, but rather from the dire necessity to obtain a site which will attract the minimum of local opposition and also receive the blessing of the planning authority.

b. Disposal has to be carried out irrespective of weather conditions which can vary from torrential rain to strong winds, etc. in a very short period of time.

c. The difficulty of obtaining suitable covering material during bad weather raises all kinds of traction problems with the vehicles—ashes are very difficult to come by owing to the use of alternative fuels and heating systems.

d. In rural areas it seems very doubtful if the depositing of untreated refuse on or near agricultural land used for grazing purposes is a good idea—especially when it is practically impossible to keep away the large number of birds (seagulls, crows, etc.) which congregate on the newly tipped refuse.

e. Prevention of pollution of adjoining streams presents a very difficult problem and can be a very costly business to overcome.

Disposal—Future Needs

It is possible that the future lies in providing a properly designed and operated plant for the incineration of all refuse, and this can only be obtained by several adjoining local authorities joining together to keep the cost of such a plant within reason.

Civic Amenities Act, 1967, Part III

A portion of the Council's refuse disposal depot at Thornfalcon has been fenced off and set aside for the reception of bulky items of refuse, old motor cars, etc. The area provided is open always, well signposted, has been advertised in the local paper as being available for use at any time by residents in the Council's area.

The facilities provided have been well used and so far there has been no abuse. The previous day's accumulation is removed to the main tipping area each morning by the Council's Massey Ferguson 244 Crawler Shovel.

Cars are cut up on the tip by a local scrap merchant who sells for his own benefit all saleable items—any parts left he leaves in portions small enough to be buried in the tip—this arrangement works well as the Council do not have to provide labour or cutting plant, etc.

Abandoned cars in the area, after the attachment of the necessary notices, are removed by the Council's tractor and trailer to the above depot for disposal.

Salvage Collection and Sales

Iron, rags, metal, wool, batteries, Domestos bottles, waste paper, cardboard, newsprint and magazines to the value of £506 9s. were disposed of during the year.

Factories Act, 1961

The inspection of factories and workshops in the district from a public health point of view is carried out by the staff of the Public Health Department. Routine visits are paid to the various premises and the following table gives particulars of this work.

Inspections for purposes of provisions as to health :—

Premises.	Number on Register	Number of		
		Inspection	Written notices	Occupiers Prosecuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	8	5	0	0
(ii) Factories not included in (1) to which Section 7 applies	97	61	0	0
(iii) Other Premises under the Act (excluding out-workers' premises)	3	11	0	0
Total ...	108	77	0	0

